



FRED WILLIAMSON & ASSOCIATES, INC.
Telecommunications Management Services

VIA ECFS

July 1, 2017

Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
Office of Secretary
445 12th Street, S. W.
Washington, D.C. 20554

RE: Submission of information Pursuant to FCC 54.313 Rules

Dear Ms. Dortch:

In accordance with the annual reporting requirements of 47 C.F.R. §§54.313 and 54.422, Pine Cellular Phones, Inc. ("Pine"), Oklahoma, Study Area Code 439012, through its authorized representative, is submitting a completed FCC Form 481 to the Commission via its Electronic Comment Filing System (ECFS) in WC Docket Nos. 10-90 and 14-58.

Please contact me if you have any questions.

Sincerely,

Tim Morrissey
President
314-605-9220
tmorrissey@fwainc.com

Enclosures

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	439012
<015>	Study Area Name	PINE CELLULAR PHONES, INC. - CL
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	JANE MERZ
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5805843355 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jane@pinetelephone.com
Form Type		54.313 and 54.422

<010>	Study Area Code	439012
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<210> For the prior calendar year, were there any reportable voice service outages? No

**(300) Unfulfilled Service Request
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<300> Unfulfilled service request (voice)

0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

<010>	Study Area Code	439012
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jane@pinetelephone.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only mobile voice	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice 0 . 0	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

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<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
439012OK510.pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jane@pinetelephone.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	439012OK610.pdf

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July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jane@pinetelephone.com

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

[illegible]

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**(800) Operating Companies
Data Collection Form**

FCC Form 481

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jane@pinetelephone.com
<810>	Reporting Carrier	PINE CELLULAR PHONES, INC.
<811>	Holding Company	Pine Telephone Company
<812>	Operating Company	PINE CELLULAR PHONES. INC.

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jane@pinetelephone.com

<900> Does the filing entity offer tribal land services? (Y/N) Yes

<910> Tribal Land(s) on which ETC Serves

N/A

<920> Tribal Government Engagement Obligation

439012OK920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<1000> Voice services rate comparability certification Not Applicable

<1010> Attach detailed description for voice services rate
comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband
comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

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<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

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439012OK1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2005) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.	<input style="width: 100px; height: 20px;" type="text"/>	
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2024A>	Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 200px; height: 60px;" type="text"/>
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2025A>	Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 200px; height: 60px;" type="text"/>
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	<input style="width: 100px; height: 20px;" type="text"/>	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	<input style="width: 100px; height: 20px;" type="text"/>	

(2005) Price Cap Carrier Additional Documentation

FCC Form 481

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Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

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Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>FWA, INC.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	FWA, INC.
Name of Reporting Carrier:	PINE CELLULAR PHONES, INC. - CL
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/26/2017
Printed name of Authorized Officer:	Jane Merz
Title or position of Authorized Officer:	Accounting Supervisor
Telephone number of Authorized Officer:	5805843100 ext.
Study Area Code of Reporting Carrier:	439012 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	PINE CELLULAR PHONES, INC. - CL
Name of Authorized Agent Firm:	FWA, INC.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/26/2017
Name of Authorized Agent Employee:	TOM KARALIS
Title or position of Authorized Agent or Employee of Agent	CONSULTANT
Telephone number of Authorized Agent or Employee of Agent:	9182981618 ext.
Study Area Code of Reporting Carrier:	439012 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(700) Price Offerings including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

[illegible]

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

PINE CELLULAR PHONES, INC.

QUALITY OF SERVICE AND CUSTOMER PROTECTION PROCESS

(USAC DOCUMENT - 439012OK510.PDF)

PINE CELLULAR PHONES, INC.
QUALITY OF SERVICE & CUSTOMER PROTECTION PROCESSES

1. Available Customer Service Representatives to Answer Phones

All calls received by Pine Cellular Phones, Inc., Inc. during business hours are answered by the third ring. When the assigned customer representatives are unable to answer calls by the third ring, additional representatives are available to help answer phones.

2. Provide After Hours Emergency Customer Service

Calls are answered by voice mail. Call logs are reviewed daily by personnel. Customer service representatives have been given a list of questions by Pine Cellular Phones, Inc. to ask to assist them in resolving any issues. Unresolved issues are reviewed the following work day. Issues requiring immediate attention are sent to the Pine Cellular Phones, Inc. service technician on call, who works to resolve the matter as quickly as possible. If that technician is unable to resolve the problem, additional technicians are called. After-hours customer service is also available.

3. Provide 8 am to 8 pm 6 days a week Hour Internet Help Desk Service

All calls are answered within 60 seconds. Call logs are reviewed daily by personnel with Managers available to review and address any issues.

4. Online Bill Payments

Payments made online are posted to the customer accounts and are viewable on the online customer account summaries within 24 hours. Any encountered problems are reported to the Office Supervisor and resolved as quickly as possible.

5. Give Customers Cut-off Warnings

Notification of the payment due date and the cutoff date are prominently displayed on bills. Customers in danger of losing service will receive a notification to remind them of the late payment. If a customer complains that notice was not given, they are directed to speak with the Office Manager who will work to resolve the matter and prevent it from occurring again. Account balance reports are printed monthly using the company's billing system.

6. Minimize Customer Downtime for Services & Make Requested Changes Promptly

Contact customers regarding all service requests, with a goal of resolving all issues within 48 hours. Any unresolved issues will be resolved contingent on the technician/customer coordination of access to the premises.

7. Proactively Monitoring in Case of Major Service Outages

Service technicians will be made aware of outages affecting customers within an hour. It is the goal of Pine Cellular Phones, Inc. to resolve major outages in four hours or less. If an outage has not been resolved within four hours, technicians will begin utilizing all resources, both from within and from without. Technicians establish and accomplish yearly training goals to be better equipped for managing all services.

CUSTOMER PRIVACY

Company Confidential Information Policy

Pine Cellular Phones, Inc. has a company policy in place that holds employees accountable for a breach of confidentiality concerning customer data and company information.

The policy states: *"You are reminded that revealing any type of confidential information to unauthorized persons or tampering with or altering company records and/or property is a violation of trust that can result in disciplinary action up to and including discharge."*

Company CPNI Policy

Pine Cellular Phones, Inc. has a Customer Proprietary Network Information (CPNI) policy in place that ensures employee compliance with the FCC's CPNI guidelines. Outlined within the policy is a detailed description of CPNI as well as both acceptable and unacceptable CPNI practices. Employees are required to sign waivers stating they understand and agree to comply with the policy and acknowledge that "failure to protect this information result in disciplinary action up to and including discharge for the responsible employee."

As a part of this policy, Pine Cellular Phones, Inc. has designated a Compliance Officer responsible for training employees, monitoring CPNI related activities, and reporting breaches.

PINE CELLULAR PHONES, INC.

EMERGENCY SITUATION FUNCTIONALITY – AVAILABILITY OF BACK UP POWER

(USAC DOCUMENT - 439012OK610.PDF)

PINE CELLULAR PHONES, INC.
EMERGENCY SITUATION FUNCTIONALITY
AVAILABILITY OF BACK-UP POWER

Pine Cellular Phones, Inc. has one Central Office and one Tandem Office located within its service area. Each of these locations are equipped with a back-up generator capable of providing power to the equipment within that office in the event of an external power source outage. After each power outage, generators are inspected and are also professionally serviced bi-annually to ensure functionality.

TRAFFIC ROUTING

Voice traffic between the Central Office switch and remote DLCs is carried across fiber optic cable. Voice traffic between the Central Office switch and the upstream tandem is provisioned across redundant links.

MANAGING TRAFFIC SPIKES

Pine Cellular Phones, Inc.'s careful capacity planning has put multiple constraints and triggers in place on its Central Office equipment, outside plant equipment, and network backbone that will provide the company with the capability of handling traffic spikes during emergency situations.

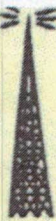
- Usage rates are analyzed monthly by Pine Cellular Phones, Inc. using reports automatically generated by the switch to ensure that usage does not exceed 80% of total line capacity.
- Pine Cellular Phones, Inc. will monitor traffic on a monthly basis to ensure optimal efficiency.

PINE CELLULAR PHONES, INC.

TRIBAL LANDS REPORTING

(USAC DOCUMENT - 439012OK920.PDF)

PINE



CELLULAR PHONES

P.O. BOX 548 • 210 NORTH PARK
BROKEN BOW, OK 74728
580-584-3330

December 12, 2016

Chief Batton,

Pine Cellular Phones, Inc. is a rural independent cellular telephone company providing service to approximately 10,000 customers in Haskell, Latimer, Pittsburg, LeFlore, McCurtain, Pushmataha, Choctaw, Atoka, Bryan, and Coal counties in Southeast Oklahoma. This includes a number of exchanges in and customers on Choctaw Tribal Land. Pine Cellular offers wireless, high speed internet, and long distance services, as well as opportunities to bundle these services together.

Pine Cellular currently provides service to several local community anchor institutions. Most of these, while not receiving a discount for phone service, do receive a free or discounted rate for high speed internet through federal and/or state assistance programs. This partnership allows the institutions the ability to have connectivity worldwide and to offer services to the community at each location. Pine Cellular believes that anchor institutions such as community centers, fire stations and city halls are an integral part of the community and provide countless benefits and gathering places to area residents. Pine Cellular has the ability to provide service upon reasonable request to anyone in its service area including Tribal community anchor institutions.

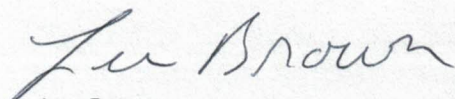
Pine Cellular is currently deploying high speed internet and 4G cellular service in order to provide service and coverage to an increasing customer base. Through various partnerships, Pine Cellular has the ability to offer ever increasing internet speeds at competitive prices throughout its services territories. These speeds will allow customers to have access to services such as video streaming, telemedicine, offsite workplaces and remote study opportunities for education. Such services will allow for the growth of connectivity in a rural landscape enabling those customers the ability to be ever more connected to the retail business and service environments of urban areas.

Pine Cellular also provides Lifeline/LinkUp service in its study areas for those customers qualifying under state and federal guidelines. Pine Cellular also offers toll limitation service which helps households save money by blocking toll calls from being made, thus preventing costly long distance bills.

Should you have any questions or desire further information regarding Pine Cellular or its service offerings that may be provided to your Tribe and its members, or if you should have any service concerns or telecommunications needs that you would like to discuss with Pine Cellular, please do not hesitate to contact me.

Pine Cellular will be placing new sites through the Mobility Fund Phase I and would like to begin discussions to make sure that, in the areas covered by the Fund, Tribal institutions are covered, the new sites are feasible and sustainable, they are marketed in a culturally sensitive manner, the NEPA process is followed and verify all business and licensing requirements are met. Please have the appropriate person contact Lee Brown at 580 584 3300 or leebrown@pine-net.com to discuss further.

Sincerely,


Lee Brown

PINE CELLULAR PHONES, INC.

LIFELINE PLAN

(USAC DOCUMENT - 439012OK1210.PDF)

Pine Cellular Company

Lifeline Plan – Oklahoma

Pine Cellular Company, Inc. (Pine) offers Lifeline Telephone Service to its customers. The eligibility criteria for Lifeline service is indicated on the attachment. Upon confirmation of eligibility, appropriate lifeline credits are provided to the customer. Oklahoma also qualifies for an additional credit that may not exceed \$25.00 for Tribal Lands. The rate for unlimited voice service in the Pine coverage area for Pine customers, the Willow Call Plan, in Oklahoma is \$35.25. Since, the total lifeline credits available in Oklahoma is \$34.25, the lifeline eligible customer pays \$1.00 for basic local exchange service under the Willow Call Plan. Under, this plan, the customer does not have the ability to roam and thus can't incur additional charges for calling. The lifeline credit can also be applied to other Pine Cellular service plans, upon credit approval. Information regarding Pine Cellular's other service plans are available using the following link: <http://pinecellular.com/plans.asp>. Pine also offers a prepaid plan for roaming and/or long distance. Pine customers receive unlimited local calling as part of the service plans.

No other credits are applied to rates for remaining services, including toll, roamer, data, and text service.

Federal Poverty Guideline Certification Form
Page 1 of 2

I certify that all the income actually received by all members of my household is less than or equal to 135% of the federal poverty level, as set forth below. I understand a "household" is any individual or group of individuals who live together at the same address and share income and expenses. I have provided the documentation verifying the income in the categories checked below to Pine Cellular in support of my application for Lifeline/LinkUp discounted service. I certify that there are _____ members of my household living with me at the address listed below. I also certify that I will notify Pine Cellular within 30 days if my household income exceeds 135% of the Federal Poverty Guidelines. I further certify that the Company representative returned all my documentation to me. I make these certifications under penalty of perjury, punishable by law.

Print Name of applicant: _____

Phone#: _____

Home Address: _____

Signed: _____ Date: _____

Federal law at 47 C.F.R. §54.400(f) has defined "income" for purposes of eligibility for Lifeline Assistance as all income actually received by all members of the household and includes the following. Please check all the categories of "income" that members of your household currently receive.

- _____ Salary before deductions for taxes
- _____ Public Assistance benefits
- _____ Social Security payments
- _____ Pensions
- _____ Unemployment compensation
- _____ Veteran's Benefits
- _____ Inheritances
- _____ Alimony
- _____ Child Support Payments
- _____ Worker's Compensation Benefits
- _____ Gifts
- _____ Lottery Winnings
- _____ Other _____

135% of the 2017 federal poverty level guidelines are as follows:

Persons In Household ----- Annual household income no higher than:

1	-----	\$16,281
2	-----	\$21,924
3	-----	\$27,567
4	-----	\$33,210
5	-----	\$38,853
6	-----	\$44,496
7	-----	\$50,139
8	-----	\$55,782

(For each additional person, add: \$5,643)

1 The only exceptions to "income" are student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn mowing, and the like.

2 This information is regularly updated by the Federal Government.

For Company Use Only

Name of Employee Who Reviewed Income Documentation: _____

Type of Income Documentation received from applicant: _____

PINE CELLULAR
LIFELINE/LINK UP AMERICA ON TRIBAL LANDS PROGRAM
AUTHORIZATION AND CERTIFICATION FORM

THE BENEFITS YOU RECEIVE UNDER THE ENHANCED LIFELINE/LINKUP PROGRAM WILL TERMINATE ON JULY 26, 2017 UNLESS YOU COMPLETE ANOTHER AUTHORIZATION AND CERTIFICATION BY JULY 25, 2017 AND RETURN IT TO PINE CELLULAR.

A. YOU MUST MEET PROGRAM PARTICIPATION REQUIREMENTS OR HOUSEHOLD INCOME REQUIREMENTS

_____ I acknowledge that I may be required to re-certify continued eligibility for lifeline at any time and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to §54.405(e)(4)”(47 C.F.R. § 54.410(d)(3)(ix)). 22 33Total 22 33

_____ I hereby certify that I participate in at least one of the following programs (CHECK ALL THAT APPLY) OR my household income is at or less than 135% of the federal poverty level:

_____ Supplemental Nutrition Assistance Program (SNAP a/k/a Food Stamps))

_____ Supplemental Security Income (SSI)

_____ Medical Assistance (Medicaid/SoonerCare)

_____ Food Distribution Program on Indian Reservations (“FDPIR”)

_____ Federal Public Housing

_____ Veterans Pension or Survivors Pension

_____ Bureau of Indian Affairs General Assistance;

_____ Tribally-administered block grant programs; Temporary Assistance for Needy Families (TTANF) ;

_____ Head Start Programs (only applicant or customer who satisfy the income qualifying eligibility provision);
OR;

_____ My household income is at or less than 135% of the federal poverty level. There are _____ individuals in my household. Customer must provide sufficient proof of income as set forth in 47 CFR §54.400(f).

B. YOU MUST MEET THE “ONE PER HOUSEHOLD” REQUIREMENT

- **ONLY ONE PERSON IN A HOUSEHOLD CAN QUALIFY TO RECEIVE PROGRAM BENEFITS.**
- **A “HOUSEHOLD” IS ANY INDIVIDUAL OR GROUP OF INDIVIDUALS WHO LIVE TOGETHER AT THE SAME ADDRESS AND SHARE INCOME AND EXPENSES.**
- **ONLY ONE RESIDENCE TELEPHONE OR BROADBAND SERVICE IN A HOUSEHOLD CAN RECEIVE PROGRAM SUPPORT.**
- **A HOUSEHOLD MAY NOT RECEIVE LIFELINE/LINKUP BENEFITS FROM MULTIPLE SERVICE PROVIDERS.**

Do you live at an address at which there are multiple households (for example, a nursing home or group home)?

_____ Yes (If yes, you must complete a supplemental form to determine your eligibility.)

_____ No

_____ *My initials here certify that my household meets the one-per-household requirement. I understand that falsely certifying eligibility is a violation of the rules of the Federal Communications Commission and will result in my removal from the Lifeline/LinkUp Program and could result in criminal prosecution by the United States government.*

_____ *My initials here certify my understanding that Lifeline is a federal benefit and that willfully making false statement to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program*

C. YOU MUST ACKNOWLEDGE AND CERTIFY THE FOLLOWING STATEMENTS AND NOTIFICATION OBLIGATIONS (You must read and initial all statements below to acknowledge and certify you understand your obligations.)

- _____ I certify that the telephone/broadband service location to which this certification applies is my primary/temporary (circle one) residential service address located at _____, and to the best of my knowledge this residential service address is located on former tribal land/reservation (as defined in 25 CFR § 20.1(v)).
- _____ I also certify that if the address identified above is a temporary one, I will recertify my temporary residential address every 90 days.
- _____ I also certify that if in the future, I no longer live at the address identified above, I will notify Pine Cellular within 30 days.
- _____ I certify that I meet the income-based or program-based eligibility criteria for receiving lifeline.
- _____ I also certify that I will notify Pine Cellular within 30 days if for any reason I no longer meet the income-based or program-based criteria for receiving Lifeline support, I receive more than one lifeline benefit or another member of my household is receiving a Lifeline benefit.
- _____ I also certify that I will notify Pine Cellular within 30 days if I no longer live at the address identified above.
- _____ I also certify that:
- _____ a. The telephone or broadband service which I am requesting receipt of Lifeline and/or LinkUp benefits for is listed in my name.
 - _____ b. I am 18 years or older and am not claimed as a dependent on another person's tax return.
 - _____ c. The above service address is my primary/temporary residence, not a second home or business.
 - _____ d. My household will receive only one Lifeline/LinkUp service and, to the best of my knowledge, my household is not already receiving a Lifeline/LinkUp service.

D. YOU MUST ACKNOWLEDGE THE FOLLOWING STATEMENTS (You must read and initial all statements below to acknowledge your understanding of the actions of Pine Cellular you hereby authorize.)

- _____ I authorize Pine Cellular or its duly appointed representative to access any records required to verify these statements in order to confirm my continued participation in the above program. I authorize representatives of the above programs to discuss with and/or provide copies to Pine Cellular, if requested by the company, to verify my participation in the above program and my eligibility for "Enhanced" Lifeline or "Expanded" Link Up benefits.
- _____ I authorize Pine Cellular to transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, and the last four digits of my Social Security Number or Tribal Identification Number, the telephone number to be associated with Lifeline/LinkUp Program benefits, the date on which Lifeline/LinkUp service is begun, the date on which Lifeline/LinkUp Program benefits end, the amount of support sought by the Company and the means through which I qualify for Program benefits. I understand that transmission of this information is required to ensure the proper administration of the Lifeline/LinkUp Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Program benefits.
- _____ I understand that lifeline is a non-transferable benefit and I am not permitted to transfer my benefit to any other person

E. CUSTOMER/APPLICANT INFORMATION

Applicant's Name _____

Applicant's Billing Address, if different than identified above _____

Home Phone Number(_____) _____ Work Phone Number(_____) _____

(Your contact number during weekdays between 8 a.m. and 5 p.m.)

Social Security Number (SSN) last four or Tribal identification number if you do not have a SSN: _____

Date of Birth _____

I AFFIRM, UNDER PENALTY OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE AND THAT PROVIDING FALSE OR FRAUDULENT INFORMATION TO RECEIVE LIFELINE/LINKUP BENEFITS IS PUNISHABLE BY LAW.

Signature of benefit recipient

Date

Pine Cellular
Lifeline Household Worksheet

Name _____

Address _____

Telephone Number _____

Lifeline is a government program that provides a monthly discount on home or mobile telephone services or broadband services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your household is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household expenses include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone or broadband service? (check no if you do not have a spouse or partner) _____ **YES** _____ **NO**

If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.

If you checked NO, please answer question #2.

2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

- | | | | |
|--|----------------------------------|----------------------|----------------------------------|
| A. A parent | _____ YES _____ NO | D. An adult roommate | _____ YES _____ NO |
| B. An adult son or daughter | _____ YES _____ NO | E. Other _____ | _____ YES _____ NO |
| C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) | _____ YES _____ NO | | |

If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.

If you checked YES, please answer question #3.

3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? _____ **YES** _____ **NO**

If you checked NO, then your address includes more than one household. Please initial lines A and B below, and sign and date the worksheet.

If you checked YES, then your address includes only one household. You may not sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to Pine Cellular along with your Lifeline application.

- A. _____ *I certify that I live at an address occupied by multiple households.*
- B. _____ *I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government*

Signature _____

Date _____

Lifeline/Link Up Applicant Enrollment
Eligibility Documentation Review Form

For Company Use Only

Date: _____

Name of Lifeline/Link Up Applicant:

Name of Employee Who Reviewed Eligibility Documentation:

Type of Eligibility Documentation received from applicant and reviewed:

Lifeline Applicant is 18 years of age or older: _____